

AUTOMATIC MONTHLY DONATION FORM

This automatic monthly withdrawal form is used for authorizing the Independent Living Services Foundation to withdraw donations directly from the donor's bank account on a monthly basis. Please complete all sections of this form.

1. PERSONAL INFORMATION

FIRST NAME	MI	LAST NAME	
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HOME ADDRESS	CITY	STATE	ZIP
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PHONE # (in case we have questions about this pledge/payment)

E-MAIL (if you would like to receive our monthly electronic newsletter)

Confidentiality Policy: Independent Living Services, Inc. will not share private donor information with any agency, group or entity, except where required by law or generally accepting accounting procedures, without prior donor approval.

2. WITHDRAWAL INFORMATION

ACCOUNT TYPE

checking (if checking attach voided check) savings

AMOUNT

\$10 \$25 \$50 \$100 OTHER _____

FREQUENCY

1ST of the month 15TH of the month

BEGINNING DATE

Day _____ Month _____

FINANCIAL INSTITUTION	FINANCIAL INSTITUTION CITY
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ACCOUNT #	ROUTING #
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3. AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS

I hereby authorize and request the Independent Living Services Foundation to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by Independent Living Services Foundation to such account. It is understood that this agreement may be terminated at any time by written notification to the Independent Living Services Foundation.

SIGNATURE	DATE
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Thank you for your contribution to Independent Living Services, Inc. No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid. Consult your tax advisor for more information.

PLEASE RETURN TO
Independent Living Services Foundation
PO Box 1070
Conway, AR 72033